

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/463851 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17	1					
18	1					
19	1					
20	1					
21	1					
22	1	1				
23	1	1				
24	1					
25	1					
26	1					
27		2				
28		①				
29		①				
30		①				
31		①				
32	1					
33	1					
34	1					
35	1					
36	⑤					
37		①				
38		①				
39		①				
40		①				
41		①				
42		⑤				
43		①				
44	1					
45	1					
46	1					
47	1					
48	1					
49		2				
50		2				
TOTAL IND.	15					
TOTAL DEP.	42					
TOTAL CLAIMS	57					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52		①						
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TOTAL DEP.								
TOTAL CLAIMS								